## SERIAL NO. 10065270 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. .83 *₁-*85 TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP.

TOTAL CLAIMS